Image# 201707179066757792 PAGE 1 / 1

## FEC FORM 2

## STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Cisneros, Gilbert, , ,  (b) Address (number and street) 10880 Wilshire Blvd. Suite 2100  (c) City, State, and ZIP Code Los Angeles  CA 90024  3. Is This Statement X (N) OR Amended Amended Statement X (N) OR (A)  DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE  7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2018 (year of election)  NOTE: This designation should be filed with the appropriate office listed in the instructions.  (a) Name of Committee (in full)  Cisneros for Congress  (b) Address (number and street) P.O. Box 40  DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives)  8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my	1.										
(b) Address (number and street) 10880 Wilshire Blvd. Suite 2100 (c) City, State, and ZIP Code Los Angeles  DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE  7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2018 (year of election)  NOTE: This designation should be filed with the appropriate office listed in the instructions.  (a) Name of Committee (in full)  Cisneros for Congress  (b) Address (number and street) P.O. Box 40  DESIGNATION OF OTHER AUTHORIZED COMMITTEES  (Including Joint Fundraising Representatives)  8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my											
10880 Wilshire Blvd. Suite 2100  (c) City, State, and ZIP Code Los Angeles  CA 90024  3. Is This Statement X (N) OR Amended Amended Statement X (N) OR Amended Amended Amended Amended Statement X (N) OR Amended Amended Amended Amended Statement X (N) OR Amended Amended Amended Amended Amended State & District of Candidate CA 39  DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE  7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2018 (year of election) NOTE: This designation should be filed with the appropriate office listed in the instructions.  (a) Name of Committee (in full) Cisneros for Congress  (b) Address (number and street) P.O. Box 40  DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives)  8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my											
(c) City, State, and ZIP Code Los Angeles  CA 90024  3. Is This Statement K (N) OR Amended (A)  Amended (A)  4. Party Affiliation DEMOCRATIC PARTY  DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE  7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2018 (year of election)  NOTE: This designation should be filed with the appropriate office listed in the instructions.  (a) Name of Committee (in full)  Cisneros for Congress  (b) Address (number and street) P.O. Box 40  CA 92871  DESIGNATION OF OTHER AUTHORIZED COMMITTEES  (Including Joint Fundraising Representatives)  8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my		10880 Wilshire Blvd.	□ Ch	neck if addres	s changed				ation Number		
4. Party Affiliation DEMOCRATIC PARTY  5. Office Sought House  CA 39  DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE  7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2018 (year of election) NOTE: This designation should be filed with the appropriate office listed in the instructions.  (a) Name of Committee (in full) Cisneros for Congress  (b) Address (number and street) P.O. Box 40  (c) City, State, and ZIP Code Placentia  CA 92871  DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives)  8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my							3. Is This		/	mended	
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE  7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2018 (year of election)  NOTE: This designation should be filed with the appropriate office listed in the instructions.  (a) Name of Committee (in full)  Cisneros for Congress  (b) Address (number and street) P.O. Box 40  (c) City, State, and ZIP Code Placentia  CA 92871  DESIGNATION OF OTHER AUTHORIZED COMMITTEES  (Including Joint Fundraising Representatives)  8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my		Los Angeles		CA	90024	4	Statement	(N)	OR (	۹)	
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE  7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2018 (year of election)  NOTE: This designation should be filed with the appropriate office listed in the instructions.  (a) Name of Committee (in full)  Cisneros for Congress  (b) Address (number and street)  P.O. Box 40  (c) City, State, and ZIP Code  Placentia  CA 92871  DESIGNATION OF OTHER AUTHORIZED COMMITTEES  (Including Joint Fundraising Representatives)  8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my	4.	Party Affiliation	5. Office Sough	nt		6. State & Distr	rict of Candidate				
7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2018 (year of election)  NOTE: This designation should be filed with the appropriate office listed in the instructions.  (a) Name of Committee (in full)  Cisneros for Congress  (b) Address (number and street)  P.O. Box 40  (c) City, State, and ZIP Code  Placentia  CA 92871  DESIGNATION OF OTHER AUTHORIZED COMMITTEES  (Including Joint Fundraising Representatives)  8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my		DEMOCRATIC PARTY	House			CA	39				
NOTE: This designation should be filed with the appropriate office listed in the instructions.  (a) Name of Committee (in full)  Cisneros for Congress  (b) Address (number and street)  P.O. Box 40  (c) City, State, and ZIP Code  Placentia  CA 92871  DESIGNATION OF OTHER AUTHORIZED COMMITTEES  (Including Joint Fundraising Representatives)  8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my		DE	SIGNATIO	N OF PRI	NCIPAL	CAMPAIGN	N COMMITT	ΈE			
(a) Name of Committee (in full) Cisneros for Congress  (b) Address (number and street) P.O. Box 40  (c) City, State, and ZIP Code Placentia  CA 92871  DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives)  8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my	7.	I hereby designate the following nar	ned political con	mmittee as my	/ Principal (	Campaign Comm			_		
Cisneros for Congress  (b) Address (number and street) P.O. Box 40  (c) City, State, and ZIP Code Placentia  CA 92871  DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives)  8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my											
(b) Address (number and street) P.O. Box 40  (c) City, State, and ZIP Code Placentia  CA 92871  DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives)  8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my											
P.O. Box 40  (c) City, State, and ZIP Code  Placentia  CA  92871   DESIGNATION OF OTHER AUTHORIZED COMMITTEES  (Including Joint Fundraising Representatives)  8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my		Cisneros for Congre	ess								
P.O. Box 40  (c) City, State, and ZIP Code  Placentia  CA  92871   DESIGNATION OF OTHER AUTHORIZED COMMITTEES  (Including Joint Fundraising Representatives)  8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my											
Placentia CA 92871  DESIGNATION OF OTHER AUTHORIZED COMMITTEES  (Including Joint Fundraising Representatives)  8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my											
Placentia  CA 92871  DESIGNATION OF OTHER AUTHORIZED COMMITTEES  (Including Joint Fundraising Representatives)  8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my		(c) City, State, and ZIP Code									
DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives)  8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my						CA	92871				
(Including Joint Fundraising Representatives)  8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my											
			(Ir	ncluding Joint	Fundraisin	g Representative	es)				
candidacy.	8.	I hereby authorize the following nan candidacy.	ned committee,	which is NOT	my principa	al campaign com	nmittee, to receiv	e and expend	d funds on beha	f of my	
NOTE: This designation should be filed with the principal campaign committee.											
HOTE. This designation should be filled with the principal campaign committee.		(a) Name of Committee (in full)									
(a) Name of Committee (in full)		(a) Name of Committee (in full)									
		(a) Name of Committee (in full)									
(a) Name of Committee (in full)											
(a) Name of Committee (in full)											
(a) Name of Committee (in full)  (b) Address (number and street)		(b) Address (number and street)									
(a) Name of Committee (in full)		(b) Address (number and street)									
(a) Name of Committee (in full)  (b) Address (number and street)		(b) Address (number and street)									
(a) Name of Committee (in full)  (b) Address (number and street)  (c) City, State, and ZIP Code		(b) Address (number and street) (c) City, State, and ZIP Code			4						
(a) Name of Committee (in full)  (b) Address (number and street)		(b) Address (number and street) (c) City, State, and ZIP Code	mined this State	ement and to	the best of I	my knowledge a	and belief it is true	e, correct and	l complete.		
(a) Name of Committee (in full)  (b) Address (number and street)  (c) City, State, and ZIP Code	Si	(b) Address (number and street)  (c) City, State, and ZIP Code	mined this State	ement and to	the best of I	my knowledge al		e, correct and	l complete.		
(a) Name of Committee (in full)  (b) Address (number and street)  (c) City, State, and ZIP Code  I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.  Signature of Candidate  Cisneros, Gilbert		(b) Address (number and street)  (c) City, State, and ZIP Code  I certify that I have examignature of Candidate	mined this State	ement and to			Date	e, correct and	l complete.		
(a) Name of Committee (in full)  (b) Address (number and street)  (c) City, State, and ZIP Code  I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.  Signature of Candidate  Date		(b) Address (number and street)  (c) City, State, and ZIP Code  I certify that I have examignature of Candidate	mined this State	ement and to			Date	e, correct and	l complete.		
(a) Name of Committee (in full)  (b) Address (number and street)  (c) City, State, and ZIP Code  I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.  Signature of Candidate  Cisneros, Gilbert		(b) Address (number and street)  (c) City, State, and ZIP Code  I certify that I have examignature of Candidate	mined this State	ement and to			Date	e, correct and	l complete.		
(a) Name of Committee (in full)  (b) Address (number and street)  (c) City, State, and ZIP Code  I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.  Signature of Candidate  Cisneros, Gilbert	Ci	(b) Address (number and street)  (c) City, State, and ZIP Code  I certify that I have examing a comparison of the compar			[Elect	ronically Filed]	Date 07/17/2017			·g.	
(a) Name of Committee (in full)  (b) Address (number and street)  (c) City, State, and ZIP Code  I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.  Signature of Candidate  Cisneros, Gilbert, , ,  [Electronically Filed]  O7/17/2017	Ci	(b) Address (number and street)  (c) City, State, and ZIP Code  I certify that I have examing a comparison of the compar			[Elect	ronically Filed]	Date 07/17/2017			· ·	
(a) Name of Committee (in full)  (b) Address (number and street)  (c) City, State, and ZIP Code  I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.  Signature of Candidate  Cisneros, Gilbert, , ,  [Electronically Filed]  O7/17/2017	Ci	(b) Address (number and street)  (c) City, State, and ZIP Code  I certify that I have examing a comparison of the compar			[Elect	ronically Filed]	Date 07/17/2017			·	
NOTE: This designation should be filed with the principal campaign committee		NOTE: This designation should be f	iled with the prir	ncipal campai	gn committe	ee.					
		•									
NOTE: This designation should be filed with the principal campaign committee		NOTE: This designation should be f	iled with the prin	ncinal campai	an committe	26					
NOTE: This designation should be filed with the principal campaign committee		NOTE: This designation should be f	iled with the prin	ncipal campai	an committe	ee.					
Candidatey.		candidacy.									
candidacy.		candidacy.									
сапинасу.		candidacy.									
NOTE: This designation should be filed with the principal campaign committee		NOTE: This designation should be f	iled with the prin	ncipal campai	an committe	e.					
NOTE: This designation should be tiled with the principal campaign committee	ncipal campai	gn committe	ee. 								
	ncipai campai	gn committe	ee.								
	icipai campai	gir committe									
INVIE. THIS GESTURATOR STOUIG DE NICO WITH THE DITHODAL CAMBRIOL CONTINUES.											
HOTE. This designation should be filed with the philopal campaign confillities.											
TIME LE LONG OGGIOGRAPH AUTONO DE NICO WILLING DANGORI GANDARON CONTINUES.	To pai campai	9 00									
	ncipai campai	gn committe	ee.								
NOTE: This designation should be filed with the principal campaign committee	iled with the prir	ncipal campai	gn committe	ee.							
NOTE: This designation should be filed with the principal campaign committee	iled with the prir	ncipal campai	gn committe	ee.							
, and the second		•	iled with the prin	ncinal campai	an committe	e					
candidacy.		candidacy.									
candidacy.		candidacy.									
сапоиасу.		candidacy.									
candidacy.		candidacy.									
сапацасу.		candidacy.									
candidacy.		candidacy.						·		•	
candidacy.		candidacy.									
candidacy.		candidacy.									
candidacy.		candidacy.									
NOTE: This designation should be filed with the principal campaign committee		NOTE: This designation should be f	iled with the prin	ncipal campai	an committe	ee.					
NOTE: This designation should be filed with the principal campaign committee		NOTE: This designation should be f	iled with the prin	ncinal campai	an committe	e					
NOTE: This design after about the filed with the anticipal comparing over 20		NOTE: This deal of the state of	na ar contact of the state of t			_					
NOTE: This designation should be filed with the principal campaign committee		NOTE: This designation should be f	iled with the prin	ncipal campai	an committe	e.					
NOTE: This designation should be filed with the principal campaign committee	iled with the prir	ncipal campai	gn committe	ee.							
NOTE: This designation should be filed with the principal campaign committee	iled with the prir	ncipal campai	gn committe	ee.							
MILLE: This designation should be tiled with the brincipal campaign committee	ncipai campai	gn committe	ee. 								
NOTE: This designation should be tiled with the principal campaign committee	ncipal campai	gn committe	ee.								
	ioipai cailipai	gii commille									
		(a) Name of Committee (in full)									
		(a) Name of Committee (in full)									
		(a) Name of Committee (in full)									
		(a) Name of Committee (in full)									
(a) Name of Committee (in full)											
(a) Name of Committee (in full)											
(a) Name of Committee (in full)											
(a) Name of Committee (in full)											
(a) Name of Committee (in full)											
(a) Name of Committee (in full)  (b) Address (number and street)		(b) Address (number and street)									
(a) Name of Committee (in full)  (b) Address (number and street)		(b) Address (number and street)									
(a) Name of Committee (in full)  (b) Address (number and street)		(b) Address (number and street)									
(a) Name of Committee (in full)  (b) Address (number and street)		(b) Address (number and street)									
(a) Name of Committee (in full)  (b) Address (number and street)		(b) Address (number and street)									
(a) Name of Committee (in full)  (b) Address (number and street)		(b) Address (number and street)									
(a) Name of Committee (in full)  (b) Address (number and street)  (c) City, State, and ZIP Code	_	(b) Address (number and street) (c) City, State, and ZIP Code	mined this State	ement and to	the hest of	my knowledge a	and helief it is true	e correct and	l complete		
(a) Name of Committee (in full)  (b) Address (number and street)  (c) City, State, and ZIP Code		(b) Address (number and street) (c) City, State, and ZIP Code	mined this State	ement and to	the best of I	my knowledge a	and belief it is true	e, correct and	l complete.		
(a) Name of Committee (in full)  (b) Address (number and street)  (c) City, State, and ZIP Code		(b) Address (number and street) (c) City, State, and ZIP Code	mined this State	ement and to	the best of l	my knowledge a	and belief it is true	e, correct and	l complete.		
(a) Name of Committee (in full)  (b) Address (number and street)  (c) City, State, and ZIP Code  I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.	_	(b) Address (number and street)  (c) City, State, and ZIP Code	mined this State	ement and to	the best of l	my knowledge ac		e, correct and	l complete.		
(a) Name of Committee (in full)  (b) Address (number and street)  (c) City, State, and ZIP Code  I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.	e:	(b) Address (number and street)  (c) City, State, and ZIP Code	mined this State	ement and to	the best of I	my knowledge al		e, correct and	l complete.		
(a) Name of Committee (in full)  (b) Address (number and street)  (c) City, State, and ZIP Code  I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.	Si	(b) Address (number and street)  (c) City, State, and ZIP Code	mined this State	ement and to	the best of i	my knowledge a		e, correct and	l complete.		
(a) Name of Committee (in full)  (b) Address (number and street)  (c) City, State, and ZIP Code  I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.  Signature of Candidate  Date		(b) Address (number and street)  (c) City, State, and ZIP Code  I certify that I have examignature of Candidate	mined this State	ement and to	the best of I	my knowledge a		e, correct and	l complete.		
(a) Name of Committee (in full)  (b) Address (number and street)  (c) City, State, and ZIP Code  I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.  Signature of Candidate  Date		(b) Address (number and street)  (c) City, State, and ZIP Code  I certify that I have examignature of Candidate	mined this State	ement and to	the best of I	my knowledge a	Date	e, correct and	l complete.		
(a) Name of Committee (in full)  (b) Address (number and street)  (c) City, State, and ZIP Code  I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.  Signature of Candidate  Cisneros, Gilbert		(b) Address (number and street)  (c) City, State, and ZIP Code  I certify that I have examignature of Candidate	mined this State	ement and to			Date	e, correct and	l complete.		
(a) Name of Committee (in full)  (b) Address (number and street)  (c) City, State, and ZIP Code  I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.  Signature of Candidate  Cisneros, Gilbert		(b) Address (number and street)  (c) City, State, and ZIP Code  I certify that I have examignature of Candidate	mined this State	ement and to			Date	e, correct and	l complete.		
(a) Name of Committee (in full)  (b) Address (number and street)  (c) City, State, and ZIP Code  I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.  Signature of Candidate  Cisneros, Gilbert		(b) Address (number and street)  (c) City, State, and ZIP Code  I certify that I have examignature of Candidate	mined this State	ement and to			Date	e, correct and	l complete.		
(a) Name of Committee (in full)  (b) Address (number and street)  (c) City, State, and ZIP Code  I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.  Signature of Candidate  Cisneros, Gilbert		(b) Address (number and street)  (c) City, State, and ZIP Code  I certify that I have examignature of Candidate	mined this State	ement and to			Date	e, correct and	l complete.		
(a) Name of Committee (in full)  (b) Address (number and street)  (c) City, State, and ZIP Code  I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.  Signature of Candidate  Cisneros, Gilbert		(b) Address (number and street)  (c) City, State, and ZIP Code  I certify that I have examignature of Candidate	mined this State	ement and to			Date	e, correct and	l complete.		
(a) Name of Committee (in full)  (b) Address (number and street)  (c) City, State, and ZIP Code  I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.  Signature of Candidate  Cisneros, Gilbert		(b) Address (number and street)  (c) City, State, and ZIP Code  I certify that I have examignature of Candidate	mined this State	ement and to			Date	e, correct and	l complete.		
(a) Name of Committee (in full)  (b) Address (number and street)  (c) City, State, and ZIP Code  I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.  Signature of Candidate  Cisneros, Gilbert		(b) Address (number and street)  (c) City, State, and ZIP Code  I certify that I have examignature of Candidate	mined this State	ement and to			Date	e, correct and	l complete.		
(a) Name of Committee (in full)  (b) Address (number and street)  (c) City, State, and ZIP Code  I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.  Signature of Candidate  Cisneros, Gilbert		(b) Address (number and street)  (c) City, State, and ZIP Code  I certify that I have examignature of Candidate	mined this State	ement and to			Date	e, correct and	l complete.		
(a) Name of Committee (in full)  (b) Address (number and street)  (c) City, State, and ZIP Code  I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.  Signature of Candidate  Cisneros, Gilbert		(b) Address (number and street)  (c) City, State, and ZIP Code  I certify that I have examignature of Candidate	mined this State	ement and to			Date	e, correct and	l complete.		
(a) Name of Committee (in full)  (b) Address (number and street)  (c) City, State, and ZIP Code  I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.  Signature of Candidate  Cisneros, Gilbert, , ,  [Electronically Filed]  O7/17/2017	Ci	(b) Address (number and street)  (c) City, State, and ZIP Code  I certify that I have examing a comparison of the compar			[Elect	ronically Filed]	Date 07/17/2017				
(a) Name of Committee (in full)  (b) Address (number and street)  (c) City, State, and ZIP Code  I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.  Signature of Candidate  Cisneros, Gilbert, , ,  [Electronically Filed]  O7/17/2017	Ci	(b) Address (number and street)  (c) City, State, and ZIP Code  I certify that I have examing a comparison of the compar			[Elect	ronically Filed]	Date 07/17/2017			· ·	
(a) Name of Committee (in full)  (b) Address (number and street)  (c) City, State, and ZIP Code  I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.  Signature of Candidate  Cisneros, Gilbert, , ,  [Electronically Filed]  O7/17/2017	Ci	(b) Address (number and street)  (c) City, State, and ZIP Code  I certify that I have examing a comparison of the compar			[Elect	ronically Filed]	Date 07/17/2017			······································	
(a) Name of Committee (in full)  (b) Address (number and street)  (c) City, State, and ZIP Code  I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.  Signature of Candidate  Cisneros, Gilbert, , ,  [Electronically Filed]  O7/17/2017	Ci	(b) Address (number and street)  (c) City, State, and ZIP Code  I certify that I have examing a comparison of the compar			[Elect	ronically Filed]	Date 07/17/2017			rg.	
(a) Name of Committee (in full)  (b) Address (number and street)  (c) City, State, and ZIP Code  I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.  Signature of Candidate  Cisneros, Gilbert, , ,  [Electronically Filed]  O7/17/2017	Ci	(b) Address (number and street)  (c) City, State, and ZIP Code  I certify that I have examing a comparison of the compar			[Elect	ronically Filed]	Date 07/17/2017			'g.	

FEC FORM 2 (REV. 02/2009)